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ABSTRACT

In order to understand the psychological meaning of menarche it is necessary to examine cultural beliefs, socialization, and actual experience. A sample of 641 fifth to twelfth grade girls, 40% of whom were premenarcheal, completed a modified version of the Moos Menstrual Distress Questionnaire (MDQ). Half of the sample completed the MDQ according to their own experience; half rated the MDQ for girls in general. Similarities in self-reports of global symptom changes across samples with different menstrual experience suggests the impact of cultural beliefs on young adolescent girls. Mothers who report moodiness and premenstrual distress may transmit negative attitudes to their daugheters. Parental attitudes toward their daughter's menarche were not related to menstrual distress, although whether or not the father knew about the menarche was. The first menstrual experience may affect subsequent experiences; not being prepared for menarche was related to higher symptomatology. Results suggest that menarche is influenced by cultural, familial and individual factors, and adolescents incorporate societal and parental attitudes into their own beliefs and experiences. (NRB)

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The Social and Psychological Meaning of Menarche

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The Social and Psychological Meaning

of Menarche

Menarche, the onset of menstruation, is the most obvious sign that hormonal cyclicity has begun. However, menarche is not just one of a series of physiological events during puberty, but is also a sociocultural event, one that is imbued with special meaning. In our society, the meaning is clouded by a series of contradictory and negative beliefs. On the one hand, menarche is thought to be traumatic and upsetting, while on the other hand, it is a symbol of sexual maturity. Health booklets given to girls at the time of menarche caution girls "to act normal, to not act stupid so that others will know," as well as rhapsodizing that "menstruation is a sign of womanhood, of growing up."

Such messages reflect societal beliefs about menstruation in general, not just menarche in particular. Recent approaches to menstrual cycle research suggest that cultural beliefs play an important role in the study of menstruation (Koeske, in press; Parlee, 1978; Ruble, Brooks, & Clarke, in press; Sherif, in press). The menstrual literature reflects the beliefs that (1) women experience fluctuations in physical and psychological symptoms associated with the menstrual cycle, (2) these fluctuations are hormonally, not socially based, and (3) these fluctuations are negative in nature, causing severe debilitation during the premenstrual and menstrual phases (Parlee, 1973, 1974; Ruble & Brooks-Gunn, in press). Such beliefs seem likely to affect individual women's (both adult and adolescent) attitudes and expectations regarding the "menstrual experience." Thus, it is difficult to interpret research findings. Most women report experiencing the same types of distress when asked about their experience (cf., Moos, 1968), as well as when asked to rate themselves "as if" they were in the premenstrual

phase (Brooks, Ruble, & Clarke, 1977) and when they believed they were in the premenstrual phase even when they were not (Ruble, 1977). Furthermore, men and women as well as boys and girls report the same types of distress for females in general, suggesting that a shared set of cultural beliefs affect self-reported symptoms (Clarke & Ruble, 1978; Parlee, 1974).

Not only are cultural beliefs necessary in order to interpret the menstrual experience but socialization probably also contributes to menstrual distress. The following examples of two family's reactions to their daughters' menarche are indicative of the variation in socialization, even within a culture. It seems likely that these experiences might lead to very different beliefs about menstruation as well as subsequent menstrual experience.

"When I discovered it... (my mother) told me to come with her, and we went into the living room to tell my father. She just looked at me and then at him and said, "Well, your little girl is a young lady now!" My dad gave me a hug and congratulated me and I felt grown up and proud that I was a lady at last." (Shipman, 1971, p. 331).

Another girl recalls her experience:

"I had no information whatsoever, no hint that anything was going to happen to me... I thought I was on the point of death from internal hemorrhage ... What did my highly-educated mother do? She read me a furious lecture about what a bad, evil, immoral thing I was to start menstruating at the age of eleven! So young and so vile! Even after thirty years, I can feel the shock of hearing her condemn me for "doing" something I had no idea occurred." (Weideger, 1976, p. 169).

Socialization varies cross-culturally as well as subculturally. In one study of six cultures, menstrual symptoms differed widely from culture to culture (Janiger, Riggenburgh, & Kersh, 1972). Within our culture, menstrual distress and religious importance were related for Jewish and Catholic but not for Protestant women and were related differently for the two former groups (Paige, 1973). Furthermore, beliefs in a traditional role for women, more sex-typed attitudes, observance of a menstrual sex

taboo, and attitudes about menstruation have all been related to reports of menstrual complaints (Beck, 1971; Brooks et al., 1977; Paige, 1973; Schneider & Schneider-Duker, 1974). With regard to menarche, a few investigators have examined socialization effects. Deutsch (1944) and Rees (1953) both believed that an understanding mother and adequate preparation were necessary for later menstrual adjustment, while Shainess (1961) suggested that parental attitudes and maternal preparation were related to later menstrual experience. A few studies have actually tested these hypotheses, although all have used retrospective reports of adult women, and contradictory evidence abounds (May, 1976; Paige, 1973; Rees, 1953; Shainess, 1961).

In brief, the expectations and beliefs that girls hold and the information they receive around the time of menarche may also affect subsequent menstrual experience. In order to understand the psychological meaning of menarche, cultural beliefs, socialization, and actual experience must all be examined. To this end, we have been conducting a large cross-sectional and longitudinal project on the sociocultural determinants of menstrual distress during adolescence.

In this paper, we describe the results of the cross-sectional analyses vis-á-vis cultural beliefs, parental socialization, and individual experience by examining girls' actual or anticipated self-reports of symptoms, general evaluative attitudes, menarcheal experience and parental knowledge and attitudes. Besides presenting basic descriptive data, analyses that allow for an indirect comparison between sociocultural and physiological determinants of menstrual distress are provided. These include: (1) comparisons between pre- and post-menarcheal girls with age controlled (in which social learning should be relatively similar but physiological status varied), (2) com-

parisons across age within pre-menarcheal girls (in which physiological status should be relatively similar but social learning varied), and (3) correlations between a girl's self-reported distress and her parents' knowledge and attitudes. Although these comparisons are inferential in nature, they provide a basis for some statements about the contribution of psychological and physical variables.

Sample Characteristics

Two samples of adolescent girls have been surveyed. Sample I consisted of 641 fifth to twelfth grade girls, who were approximately equally divided among the fifth to sixth, seventh to eighth, and eleventh to twelfth grades. The girls were public school students, resided in central New Jersey, and were relatively hetereogeneous with respect to social class (being distributed across the first four of Hollingshead's five social classes). Approximately 95% of the sample were Caucasian; and one-half were first, and one-half later-born. Forty percent of the sample were premenarcheal: 85% of the fifth to sixth graders, 33% of the seventh to eighth graders, and none of the eleventh to twelfth graders. Menarcheal status comparisons were made in the seventh to eighth grades. The data from Sample II presented in this paper are based on approximately 60 sixth and seventh grade girls with equal numbers being pre- and post-menarcheal. These subjects are being followed longitudinally and data are still being collected.

Both samples completed a questionnaire that included sections on menstrual and premenstrual distress, attitudes about menstruation, parental feelings and knowledge about daughter's first menstrual experience, maternal menstrual experience, and first menstrual experience. The questionnaires for the two samples differed somewhat; in the present paper, almost all of the reported data are from Sample I.

Culture and Menarche

Self-reported menstrual symptoms. Menstrual-related symptomatology was determined by asking the girls to rate the incidence of 30 sumptoms during their intermenstrual, premenstrual, and menstrual cycle phases on a 6 point scale (experience the symptom not at all to experience the symptom a lot). The symptoms were taken from the Moos Menstrual Distress Questionnaire (Moos, 1968), but were modified by including more familiar adjectives (i.e., "crabby" as well as "irritable."). The 8 factors described by Moos (1968) were generated; these are Pain, Water Retention, Negative Affect, Autonomic Reactions, Behavior Change, Concentration, Arousal, and Control. In addition, an item "Change in Eating Habits" was included in the questionnaire since our previous research suggested that college and adolescent women frequently mentioned this symptom (Brooks et al., 1977; Clarke & Ruble, 1978). One-half of Sample I completed the MDQ according to what they themselves experience or expect to experience, while the other half rated the MDQ for "girls in general." As we have reported, adolescent girls believe that others experience more menstrual-related symptoms than they themselves experience or expect to experience (Brooks-Gunn & Ruble, in press; Ruble & Brooks-Gunn, 1977).

For the subjects who rated the MDQ for themselves, cycle phase effects were examined. Like the majority of the adult studies, the girls reported experiencing or anticipating experiencing cycle phase differences for all of the symptom scales except, not surprisingly, the Control Scale. The magnitude of these phase effects, however, differed among the scales, as can be seen by looking at the mean difference scores using the intermenstrual score as a base in Table 1.

Insert Tables 1 and 2 here

The largest differences were found for Pain and Arousal; the second largest for Water Retention, Change in Eating, and Negative Affect, next for Autonomic Reactions and Behavioral Change, and the smallest for Concentration and Control, with the largest difference being almost one (out of six) point, the smallest being .05. Thus, cycle phase effects were found for all but one symptom scale though the magnitude of most of the effects was quite small.

These findings complement findings for adult women using the MDQ. Table 2 compares tne mean difference scores for adolescent and adult females for self-report of symptoms and symptoms of females in general for four MDQ Factor Scales. Several points are of interest. The adolescent and adult females self-reports were quite similar in terms of types of symptoms reported and their magnitude. Furthermore, general knowledge of what others are believed to experience was quite similar for the adolescents and adults, although others were believed to experience somewhat more severe effects than oneself. Finally, a few interesting differences between the adolescents and adults emerged: All symptoms were rated as more severe in the menstrual than the premenstrual phase by the adolescents. Adult women, in accordance with societal beliefs, report more Water Retention in the premenstrual phase, a belief that adolescents have apparently not acquired.

Returning to the adolescent sample, age and menarcheal effects were examined. The premenarcheal and postmenarcheal seventh to eighth graders differed only with respect to Pain, with the premenarcheal girls anticipating more Pain than postmenarcheal girls report experiencing.

Interestingly, even though the seventh to eighth graders did not differ according to menstrual status, there was a difference between the premenarcheal fifth to sixth and seventh to eighth graders. Anticipation of symptom severity decreased with age, possibly because of the advent of junior high school, health education, and more postmenarcheal peers. The fifth to sixth grade girls thought they would experience more Water Retention, Negative Affect, Autonomic Reaction, and less Concentration than their junior high school peers.

Postmenarcheal seventh to eighth and the eleventh to twelfth graders also differ, with the older girls reporting more Pain, Water Retention, Negative Affect, and Autonomic Reactions.

Attitudes about menstruation. In order to assess general evaluative attitudes about menstruation, Sample I girls were asked to rate 13 statements on a 6 point scale ranging from "disagree a lot" to "agree a lot" which had been used in an earlier study (Clarke & Ruble, 1978). A factor analysis revealed four different dimensions: (1) negative evaluation, (2) degree of comfort talking about menstruation with various persons, (3) normalcy, and (4) embarrassment over accidents. Table 3 presents the mean for these factors. The girls tended not to rate menstruation as extremely negative, although the majority of the sample perceived it as somewhat negative. Embarrassment and concern over accidents was also seen, but was not particularly high. A high degree of consensus was found for normalcy, with almost all girls indicating that menstruation was part of becoming a woman, a positive response, and that a girls must try to act normal at that time, a proscriptive response. Being comfortable talking with others was rated as neutral because the sample felt comfortable

talking with their mother and female friends, uncomfortable talking with their father and male friends.

Insert Tables 3 and 4 about here

Negative evaluations increased across the three grade levels, as did comfort talking about menstruation. Menarcheal status did not affect attitudes, just as it did not affect self-report of symptoms discussed earlier. However, the premenarcheal fifth to sixth grade girls rated menstruation as less negative than did the premenarcheal seventh to eighth graders.

Sample II girls were also queried as to their attitudes using the Menstrual Attitude Questionnaire (Brooks et al., 1977) which is a questionnaire (with a 7 point scale) representing five different dimensions: (1) menstruation as a debilitating event, (2) menstruation as a positive event, (3) menstruation as a bothersome event, (4) menstruation as an event whose onset can be predicted and anticipated, and (5) menstruation as an event that does not and should not affect one's behavior. Table 4 presents the Sample II means for each dimension as well as means from a sample of college women. As can be seen, menstruation was perceived as slightly positive, not very debilitating or predictive but having some effect in both samples. However, the samples differed in that the adolescent females perceived menstruation as somewhat more debilitating, as well as an event that should not effect one's behavior. Although seemingly paradoxical, both attitude dimensions are reflected in the health booklets girls receive at the time of menarche. In addition, the college-aged females perceived menstruation as somewhat more bothersome than did the adolescents. Once again, no differences were found between the premenarcheal and postmenarcheal girls.

Socialization and Menarche

In order to explore possible parental socialization factors involved in the etiology of menstrual distress, a series of correlational analyses were conducted using all of the seventh to eighth and eleventh to twelfth grade girls who had begun to menstruate were included in these analyses. One hundred and sixty-six girls from Sample I (97 junior high school students and 69 senior high school students) completed the MDQ for own symptomatology. Five factor scales were examined in the following analysis: Pain, Water Retention, Negative Affect, and Change in Eating Habits, (the four most frequently reported negative symptoms) and Control (which seems to be related to the overall incidence of symptom reporting rather than to menstruation per se). Thus, responses to control items would help us identify correlations which were artifactual (i.e., possibly due to a response bias). Premenstrual and menstrual effects for each scale were examined in relationship to possible socialization factors, including parental attitudes, maternal menstrual experience and preparation for menarche.

Insert Table 5 about here

Parental attitudes, knowledge, and experience. Parental attitudes and knowledge about their daughter's first menstrual period are also part of the first menstrual experience and were expected to affect subsequent menstrual symptomatology. To examine these relationships, the girls were asked whether or not they told their parents about their first period and whether or not their parents knew even if they did not tell them about it. In addition, they were asked how each parent felt about their daughter's

first menstrual period, rating eight emotions on a 4 point scale (from "none" to "a lot"). Using a varimax factor analysis, two factors appeared, a Positive Factor (happy, proud, excited) and a Negative Factor (embarrassed, angry, scared, upset). These data are presented in Table 5.

Insert Table 5 about here

The majority (85%) of the sample told their mothers when they began to menstruate, while only 16% told their fathers. Of those who did not tell their mothers, 48% said their mothers knew anyway and 52% said their fathers knew anyway. Since the number of subjects who responded to the "mother knew anyway" question was so small (i.e., 20 subjects), correlations for this item are not presented. Telling mother and father about the first period was unrelated to menstrual distress in the total sample and in the older subjects, although the younger girls who did not tell their parents had somewhat higher Negative Affect scores (r's range from .21 to .25), and those who did not tell their father had somewhat higher premenstrual Pain scores (r = .22, $p < .05$) than the girls who did tell their parents. In contrast, girls whose fathers knew about their first period without their daughters telling them had less severe Pain, Negative Affect, and Water Retention scores (r's range from .31 to .32).

Parental feelings about their daughter's first period (as perceived by the daughters) were not related to menstrual-related symptomatology. Maternal and paternal positive feelings were highly related (r = .66, $p < .001$), as were parental negative feelings (r = .54, $p < .001$). However, no negative relationship between positive and negative feelings was found, suggesting

that the parents sometimes were perceived as being both positive and negative about their daughter's first period. Parental feelings and knowledge were related, such that when fathers knew about their daughter's menarche, both parents were perceived as more positive (mother, $r = .21$, $p < .05$ and father, $r = .35$, $p < .01$), as were fathers who were told by their daughters about their menarche ($r = .41$, $p < .01$). Our findings are similar to those of Piage's (1973) college sample; maternal reactions to daughter's menarche and parental attitudes toward menstruation and sexuality were not related to menstrual distress, although these variables were related to one another and to amount of preparatory information girls received.

Maternal menstrual experience. Sample I menarcheal subjects also reported on their mothers' menstrual-related symptomatology, specifically, the absence or presence of menstrual and premenstrual cramps, bloating, and moodiness (comparable to the Pain, Water Retention, and Negative Affect MDQ Scales). Out of those who were able to report on maternal symptomatology, three-quarters reported their mothers experienced menstrual or premenstrual cramps, one-half reported maternal bloating and moodiness. When the correlations between maternal and one's own symptoms were examined, maternal premenstrual and menstrual bloating was found to be related to own Water Retention (r's range from .22 to .23), while maternal cramps were not related to own Pain. A more generalized relationship was found for maternal moodiness, which was related to all MDQ scales -- Change in Eating, Water Retention, Negative Affect, and Pain (r's range from .20 to .34).

Thus, maternal distress was positively correlated with adolescents' reports of their own symptomatology, as mothers' bloating related to daughters' bloating, and mothers' moodiness related to most forms of distress. Studies of adult women have not found such relationships (Paige, 1973).

Preparation for menarche. The adequacy of preparation for menarche has been hypothesized to affect later menstrual experience (Deutsch, 1944; Rees, 1953; Shainess, 1961). Studies of adult women reported mixed results for preparation, with Shainess (1961) reporting more premenstrual tension in women who had not been prepared by their mothers, but May (1976) finding no relationship. Our sample answered three questions about preparation: How adequate was the preparatory explanation of menstruation? How much did you know before your first period? Did you feel prepared when you got your first period? Each question was rated on a 4-point scale. In general, 85% of the girls rated the explanation they received as "pretty good" or "very good", and believed they knew "pretty much" or "a lot" before their period. However, none felt "somewhat prepared" or "very prepared" for their period, just as most felt surprised. This suggests that prior knowledge (which the girls in this sample felt they had) does not emotionally prepare girls for their first menstrual experience.

Insert Table 6 about here

As can be seen in Table 6, the amount of prior knowledge was not related to current menstrual distress, while adequacy of explanation was. Girls who reported that the explanation was inadequate reported more severe scores on the Pain and Control Factors for both phases, and Change in Eating Factor for the premenstrual phase (r's range from .20 to .37). In addition, feeling prepared was negatively related to menstrual Pain (r = -.25, $p < .05$).

Individual Experience and Menarche

The individual's actual experience at the time of menarche was also related to current report of menstrual distress. The girls were asked several questions about their first menstrual experience, including the age at which they began and their school grade at that time, whether or not they experienced cramps or other symptoms, and their feelings associated with the first menstrual experience. Table 6 presents the correlations between these variables and the menstrual distress variables.

The sample as a whole began to menstruate in seventh grade (mean 7.00) and at 12 1/2 years of age (mean, 12.68). Although in general the correlations were quite weak, there were some consistencies. Interestingly, the age at which menstruation first occurred was negatively related to menstrual-related symptomatology. Specifically, girls who menstruated at an earlier age reported more severe premenstrual Pain and more severe premenstrual and menstrual Change in Eating Habits and Control scores (r's range from -.18 to -.22). In terms of grade in school, menstruating earlier was related to more severe premenstrual and menstrual Pain, Negative Affect, and Control and menstrual Water Retention (r's range from -.18 to -.27). Reports of symptoms during the first period were also related to some aspects of current menstrual-related symptomatology.

The girls also rated, using a four point scale (from "none" to "a lot"), eight emotions they might have had at the time of their first menstrual experience. Using a varimax factor analysis, two factors appeared, a Positive Factor (happy, proud, excited) and a Negative Factor (embarrassed, angry, scared, upset). The item "Surprise" did not enter either factor and was considered separately. Feeling surprised, which may be related to

preparation for menarche, was positively related to current experience of Pain, Water Retention, and Negative Affect as well as to Control (r's in the low 20's). In contrast, feeling positive about the first menstrual experience was not related to menstrual distress, while feeling negative was only related to menstrual Pain ($r = .23$, $p < .01$).

Conclusions

These data suggest that menarche is influenced by cultural, socialization (familial) and individual factors and that the meaning of menarche cannot be understood without reference to the interplay of all factors. Adolescents incorporate societal and parental information and attitudes into their own "menstrual concept" and their experience of menstruation. The cultural beliefs are mirrored in adolescent and adult self-reports about cycle changes and beliefs about the symptoms of females in general. Adolescent and adult females report approximately the same symptoms and cycle phase changes, both believe that females in general experience the same (or even a little more severe) symptoms as they do themselves, and females who have not begun to menstruate expect to experience the same symptoms that their same-age peers who already are menstruating report experiencing. In brief, there are remarkable similarities in the self-reports of global symptom changes across samples with different menstrual experience, suggesting a likely impact of cultural beliefs on young adolescent girls.

Furthermore, these beliefs seem to be acquired early, as our fifth to sixth graders knew about most culturally accepted cycle changes although they had not learned all the specifics (for example, they did not know that Water Retention is more of a premenstrual than a menstrual symptom). Interestingly, the premenstrual fifth to sixth graders expected to experience more

severe changes than the premenstrual seventh to eighth graders, probably because of differences in the nature of the information received and the way it is acquired (i.e., the younger girls have less opportunity to discuss menstruation -- fewer menstrual peers, less health knowledge, less maternal information).

The premenstrual seventh to eighth graders expect to experience what their menstruating peers report experiencing. And severity of symptoms increases from junior to senior high school, with the older adolescents looking identical to college samples. This increase may be due to more cultural information being acquired, or to more experience with menstruation itself (and having the opportunity to experience more symptoms). To explore these two possibilities, we are currently examining the experiences and beliefs of girls of the same age who have menstruated for differing lengths of time.

Socialization within the family also plays a role in the acquisition of menstrual beliefs and experiences. Maternal menstrual experience, as perceived by daughters, was related to daughters' report of own menstrual changes. However, it was not cramping that was related across generations, but maternal moodiness that affects the daughters' experience. Mothers who say they experience moodiness and premenstrual distress may transmit to their daughters negative attitudes toward menstruation rather than actual debilitation. Interestingly, parental attitudes about their daughters' menarche were not related to menstrual distress, although whether or not the father knew about the menarche was. It is possible that in families where the father is told about menarche, attitudes toward menstruation and sexuality are more open, resulting in the daughters incorporating a less negative view about the menstrual experience.

The individual's actual experience of menarche occurs within this cultural and social backdrop. Our data also suggest that some aspects of the first menstrual experience may affect subsequent experiences. Not being prepared for menarche and feeling surprised at its advent was related to higher symptomatology, as was starting early. The first experience also affected current menstrual distress. These data suggest that an intriguing interplay of individual physiology (e.g., initial pain) and psychology (e.g., preparation) underly the relationship between the initial and later experience.

Given that cultural, socialization and individual factors contribute to menstrual beliefs and experiences, the relative contribution of each needs to be more precisely explicated. For example, is the first menstrual experience influenced by prior factors and what is the relative contribution of cultural beliefs, socialization, and actual experience to subsequent menstrual experience? Such questions are best answered by following girls longitudinally as they move from premenarcheal to postmenarcheal status. We are currently collecting relevant data in order to delineate the interrelationships among factors.

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Table 1

Self Report of MDQ Symptoms by Adolescent Females

Symptom Scale	Difference Score	
	Menstrual-Intermenstrual	Premenstrual-Intermenstrual
1. Arousal	-.72	-.75
2. Pain	.83	.57
3. Water Retention	.58	.51
4. Negative Affect	.65	.44
5. Change in Eating	.56	.43
6. Behavioral Change	.45	.27
7. Autonomic Reactions	.50	.38
8. Concentration	.31	.25
9. Control	.05	.05

Table 2

Comparison of Adult and Adolescent Female's

Reports of MDQ Symptoms

	MDQ FACTORS								
	Pain		Water Retention		Negative Affect		Concentration		
Self Report	M-I[1]	P-I[2]	M-I	P-I	M-I	P-I	M-I	P-I	
Adolescents	.83*	.57*	.58*	.51*	.65*	.44*	.31*	.25	Brooks-Gunn & Ruble (1979)
Adults	.81*	.40*	.69*	.84*	.60*	.75*	.23*	.21*	Moos (1968)
Women in General									
Adolescents	1.24*	.94*	.91*	.79*	.93*	.71*	.47*	.36*	Brooks-Gunn & Ruble (1979)
Adults	1.05*	.49*	.77*	.92*	.94*	.55*	.21	.08	Parlee (1974)

[1]Menstrual-Intermenstrual

[2]Premenstrual-Intermenstraul

*Significant difference

Table 3

Mean Scores for Attitude Items: Adolescent Sample I

Dimension	Total Sample
Negative Evaluation	1.21
Comfort Talking	3.57
with mother	4.73
with female friend	4.64
with father	2.28
with male friend	2.35
Embarrassment	3.68
Normalcy	4.79

1 = disagree a lot

6 = agree a lot

Table 4

Menstrual Attitude Questionnaire Means:

College and Adolescent Samples

Dimension	College* (N=191)		Adolescent (N=72)		t test
	Mean	SD	Mean	SD	
Debilitating	3.39	1.06	3.75	1.28	2.28, $p < .05$
Bothersome	4.18	1.26	3.99	1.54	2.57, $p < .01$
Positive	4.64	1.09	4.62	0.84	NS
Predicted	3.79	1.16	3.85	1.34	NS
Denial of Affect	2.79	0.96	3.12	1.08	2.41, $p < .01$

*from Brooks, Ruble, & Clarke, 1977

Table 5

Current Menstrual Distress and Parental Attitudes and Knowledge

Daughters' MDQ Factors	Parental Attitudes and Knowledge: Tell Father	Father Knew Anyway	Maternal Positive	Paternal Positive	Maternal Negative	Paternal Negative
Menstrual Phase						
Pain	.13	.31**	-.02	.08	.04	-.06
Negative Affect	.16	.31**	-.11	-.01	.02	-.04
Water Retention	.05	.32**	-.10	.07	.08	.03
Change Eating	-.02	.21	-.02	.10	-.07	-.09
Control	.00	.16	.04	.03	-.07	-.08
Premenstrual						
Pain	.17	.21	.05	-.08	.01	-.11
Negative Affect	.16	.32**	-.11	-.07	.06	.00
Water Retention	.06	.31**	-.04	.08	.07	-.07
Change Eating	-.03	.13	.06	.12	-.04	.01
Control	.10	.12	-.05	-.13	-.10	-.15

*$p < .05$

**$p < .01$

Table 6

Current Menstrual Distress and First Menstrual Experience

	Age		First Menstrual Experience					Preparation		
MDQ Factors	Age Began	Grade Began	Cramps	Other Symptoms	Positive Feelings	Negative Feelings	Surprise	Prior Explanation Good	Amount Known Before	Feel Prepared
Menstrual Phase										
Pain	-.14	-.27**	.25**	.16	.07	.16	.25**	0	-.10	-.25*
Negative Affect	-.16	-.25**	.21*	.03	-.01	.23**	.23**	-.12	-.03	-.21
Water Retention	-.14	-.18*	.13	.04	.02	.14	.25**	-.10	.01	-.24
Change Eating	-.18*	-.13	.05	.03	-.10	.08	.13	-.10	.11	-.14
Control	-.18*	-.21*	.10	.09	-.01	.10	.22**	-.26**	-.03	-.23
Premenstrual Phase										
Pain	-.22*	-.25**	.24**	.17*	.05	.11	.16	-.23**	.09	-.16
Negative Affect	-.14	-.20*	.13	.10	.03	.16	.21*	-.14	.02	-.21
Water Retention	-.10	-.15	.05	.04	.03	.08	.24**	-.17	-.04	-.19
Change Eating	-.18*	-.09	.06	.08	-.09	.06	.06	-.23**	.01	-.05
Control	-.22*	-.21*	.02	.19*	.19*	.01	.22**	-.37**	-.16	-.05

*$p < .05$

*$p < .01$